



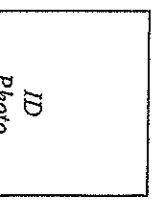
Asthma and Allergy Foundation of America

CHILD CARE ASTHMA/ALLERGY ACTION CARD

DAILY ASTHMA/ALLERGY MANAGEMENT PLAN



ID Photo



Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

Emergency Phone Contact #1 \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Phone Contact #2 \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician Child Sees for Asthma/Allergies: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Daily Medication Plan for Asthma/Allergy

	Name	Amount	When to Use
1			
2			
3			
4			

OUTSIDE ACTIVITY AND FIELD TRIPS

The following medications must accompany child when participating in outside activity and field trips:

	Name	Amount	When to Use
1			
2			
3			

- Identify the things that start an asthma/allergy episode (Check each that applies to the child)

— Animals — Bee/Insect Sting — Chalk Dust — Change in Temperature

— Dust Mites — Exercise — Latex — Molds

— Pollens — Respiratory Infections — Smoke — Strong Odors

— Food: \_\_\_\_\_

— Other: \_\_\_\_\_

Comments: \_\_\_\_\_

- Peak Flow Monitoring (for children over 4 years old)

Personal Best Peak Flow reading: \_\_\_\_\_

Monitoring Times: \_\_\_\_\_

- Control of Child Care Environment (List any environmental control measures, pre-medications, and/or dietary restrictions that the child needs to prevent an asthma/allergy episode.) \_\_\_\_\_

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# ASTHMA EMERGENCY PLAN

Emergency action is necessary when the child has symptoms such as \_\_\_\_\_

or has a peak flow reading at or below \_\_\_\_\_

- **Steps to take during an asthma episode:**
  1. Check peak flow reading (if child uses a peak flow meter).
  2. Give medications as listed below.
  3. Check for decreased symptoms and/or increased peak flow reading.
  4. Allow child to stay at child care setting if: \_\_\_\_\_

- 5. Contact parent/guardian \_\_\_\_\_
- 6. Seek emergency medical care if the child has any one of the following:

→ No improvement minutes after initial treatment with medication.  
 → Peak flow at or below \_\_\_\_\_  
 → Hard time breathing with:  
 > Chest and neck pulled in with breathing.  
 > Child hunched over.  
 > Child struggling to breathe.  
 → Trouble walking or talking.  
 → Stops playing and cannot start activity again.  
 → Lips or fingernails are gray or blue.

← **IF THIS  
 HAPPENS, GET  
 EMERGENCY  
 HELP NOW!** →

# ALLERGY EMERGENCY PLAN

• Child is allergic to: \_\_\_\_\_

- **Steps to take during an allergy episode:**
  1. If the following symptoms occur, give the medications listed below.
  2. Contact Emergency help and request epinephrine.
  3. Contact the child's parent/guardian.

- **Symptoms of an allergic reaction include:**  
 (Physician, please circle those that apply)

→ **Mouth/Throat:** itching & swelling of lips, tongue, mouth, throat; throat tightness; hoarseness; cough  
 → **Skin:** hives; itchy rash; swelling  
 → **Gut:** nausea; abdominal cramps; vomiting; diarrhea  
 → **Lung\*:** shortness of breath; coughing; wheezing  
 → **Heart:** pulse is hard to detect; "passing out"  
 \*If child has asthma, asthma symptoms may also need to be treated.

• **Emergency Asthma Medications:**

	Name	Amount	When to Use
1			
2			
3			
4			

• **Special Instructions:**

\_\_\_\_\_

\_\_\_\_\_

• **Emergency Allergy Medications:**

	Name	Amount	When to Use
1			
2			
3			
4			

• **Special Instructions:**

\_\_\_\_\_

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_ Child Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_